

Healthcare Service Providers

Frequently Asked Questions

Who is eligible for a National Provider ID (NPI)?

In order to get an NPI, a provider must be a Healthcare Provider as defined under HIPAA. Providers conducting services like non-emergency transportation or carpentry are not considered Healthcare Providers and therefore are ineligible to get an NPI.

Who is required to get an NPI?

The NPI Final Rule states that all Healthcare Providers, Clearinghouses and Plans who conduct standard electronic transactions are required to obtain an NPI. DMAS requires healthcare providers who submit paper claims to VA Medicaid to obtain and use an NPI also.

Why should a Provider get an NPI if he does not conduct standard electronic transactions?

Providers may need to be identified for billing purposes. A “non-covered entity” physician may be an attending physician for a hospital. Although they may not personally conduct electronic transactions, it may simplify billing by the hospital if the physician provides an NPI. Another example is a prescribing physician may be a non-covered entity. A Pharmacy may need to identify the “non-covered entity” physician for billing purposes. For these reasons, HHS has requested that all healthcare providers obtain an NPI.

Is DMAS requiring all healthcare providers to obtain an NPI?

Yes, the Department of Medical Assistance Services (DMAS) has adopted the NPI as the standard for identifying all healthcare providers on all transactions (Automated Response System, Claims, Prior Authorizations), including paper claims. Therefore, healthcare providers will be required to obtain an NPI to continue their participation in Virginia Medicaid and other DMAS programs even if they do not use electronic transactions.

What is the link to the NPI Application Process on the CMS web site?

Providers may apply for an NPI via the internet at: <https://nppes.cms.hhs.gov> (Paper applications may be obtained by contacting the NPI Enumerator at the telephone number listed on this website.)

Once an NPI is obtained, can provider start using it?

Yes. On March 26, 2007 DMAS began accepting NPIs on all transactions. A Medicaid Memorandum was mailed on February 9, 2007 to notify you of the start date for the dual use period. During Dual Use DMAS will accept either the NPI/API or the legacy Medicaid Provider Identification Number (PIN). DMAS will notify providers of the date when only the NPI/API will be accepted in a Medicaid Memo.

Where can I find additional NPI information from CMS?

The link to NPI information on the CMS Website is: http://www.cms.hhs.gov/apps/npi/01_overview.asp .

How do I give you my NPI number?

Please fill out and return (with your NPI) the re-enrollment packet that was sent to you. If you did not receive one, contact First Health PEU (the number is listed at the bottom of page), and verify your provider number and mailing address.

Does the planned 2007 change to NPI #s affect residents in medical training, since they do not bill MA directly, and function under supervising physicians?

Medical students, interns, residents and fellows are eligible to receive an NPI according to CMS guidelines. However, with respect to the Virginia Department of Medical Assistance Services (DMAS), it is the supervising physician who is required to be identified with an NPI on the billing submission. Therefore no NPI impact to residents is anticipated on transactions conducted with DMAS.

Are schools eligible to receive an NPI?

Yes, schools are considered healthcare providers and are eligible for an NPI. DMAS will require the use of NPIs on all transactions, including paper claims beginning on the DMAS NPI Compliance Date.

In order to receive payment, will DMAS require a unique NPI for nurse practitioners?

Nurse Practitioners are eligible to receive an NPI according to CMS guidelines. DMAS does allow Nurse Practitioners that provide Family, Women's Health and Pediatric services to enroll in Virginia Medicaid under their own Provider ID Number. In this case, DMAS would need the nurse practitioner to obtain an NPI. In all other situations, a Nurse Practitioner must bill using the MD's Provider ID Number.

In situations where the Nurse Practitioner currently bills using the MD's ID Number, DMAS would NOT require the Nurse Practitioner to obtain an NPI.

DMAS plans to allow most NP's (regardless of specialties) to enroll in the Medicaid program. This will be discussed in a separate Medicaid Memo.

When we bill clinic option services and SPO services, will we use the NPI # assigned to our CSB only or will we use both the agency NPI # and the individual # assigned to each of our licensed staff?

DMAS plans to crosswalk each Medicaid ID to an NPI. The CSB will use their NPI to submit claims for services as they do now in lieu of their Medicaid ID. In the scenario you mentioned, you would bill for the clinic option services and SPO services using only the Agency NPI.

Are NPI group numbers required?

In concurrence with the transition to the NPI, DMAS is mandating the enrollment of Group Practices. Group Practice enrollment allows multiple fee-for-service practitioners to bill and be paid under one Group Practice NPI. All individual practitioners in the Group Practice must be enrolled in the Virginia Medicaid Program and have an individual NPI (Type 1). In addition, the Group Practice must enroll in the Virginia Medicaid Program and have an organization type NPI (Type 2).

I do the billing for personal care, respite care and private duty for several locations. Each location has their own Medicaid provider number that claims are billed under. Do I need to get an NPI for each location and one for personal care, respite care, and private duty?

Each legal entity, or separate Tax ID, should obtain an NPI if it conducts healthcare transactions using that Tax ID Number.

In addition, DMAS would recommend that organizations follow the Medicare guidelines with respect to subparts. Each location or line of business that is separately surveyed or certified by Medicare should obtain an NPI as a subpart. Please refer to the following guidance:

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/npi_fs_subparts_030606.pdf

<http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf>

For organizations that do not subpart, DMAS will be able to accommodate transactions for multiple locations and multiple types of service using a single NPI.

DMAS has also determined that we will allow healthcare providers who provide both typical healthcare services (home health) and atypical non-healthcare services (personal/respite care) to bill all services using the NPI that is assigned to the provider for healthcare services.

What ID number will Medicaid providers use after the NPI compliance date to adjust a claim that was processed using the old Medicaid Provider Identification Number (PIN)?

A Medicaid provider's NPI will be linked to the Medicaid PIN in VAMMIS. The adjusted claim information should be submitted with the provider's NPI. Our system will match the current NPI with the Medicaid PIN the claim was originally processed under and allow the claim to be corrected under the NPI.

Are we required to obtain an NPI for ambulance services, or can our ambulance claims be submitted with the hospital NPI which could delineate ambulance services by taxonomy code?

DMAS encourages you to obtain a separate NPI for the ambulance services. Hospitals that use the same NPI for both the acute care services and ambulance services will be required to submit taxonomy codes on all claims submitted using this NPI.

Do unlicensed providers (such as providers of Community Mental Health Rehab. Services) need to have NPI numbers?

DMAS expects Community Services Boards to maintain their existing billing relationships. Currently, the CSB bills for the services using one Medicaid Identification Number for the agency (or one Medicaid Identification Number for each location). DMAS does not enroll each practitioner at the CSB. Therefore we would expect the CSB to obtain a Type 2 (Organization) NPI for the agency and bill using that NPI.

How do I obtain an additional copy of the packet mailed out to a provider? I credential for several providers and some of the providers have lost the packet. Is it okay to take a packet from another provider, remove the tracking number and make copies to submit without a tracking number?

You can contact the First Health Provider Enrollment Unit at 1-888-829-5373 to obtain additional copies of the packets. You will need to have the Medicaid Provider Identification numbers ready when you call.

You cannot alter the packets by removing tracking numbers or legacy IDs. The altered packets will be rejected by DMAS.

I would like to know if there is a provider manual available that addresses the new NPI compliant CMS 1500 form (08-05) and any additional requirements that Virginia has regarding the output of this form which is in addition to or supersedes the standard CMS required output.

Billing Instructions for the new CMS-1500 (08/05) are currently being updated for all Provider Types; however the Physician manual has been updated. A Medicaid memo addressing the new CMS-1500 was published on October 17, 2006. DMAS also conducted provider training sessions on the revised CMS-1500 and DMAS 30/31 forms in the months of October and November.

We are a community services board. We already have our NPI numbers for individual providers and our agency. What is the purpose of the re-enrollment packet that was mailed to us?

Providers are required to inform DMAS of their NPI(s) via the NPI Re-enrollment Process if they wish to continue to conduct standard business transactions (claims, PAs, ARS, etc) with the Medicaid program. This re-enrollment packet must be completed and sent back to the Provider Enrollment Unit at First Health Service Corp.

1. Each physician in my office has their own NPI, why do I also need to get an NPI for a Group Practice?

2. We are a not-for-profit organization that submits bills to Medicaid for certain services. We have several providers that have their own NPIs and they assign the benefits to our organization. We are not a Group Practice, why do we need to obtain an Organization NPI?

The preamble to the NPI Final Rule states: “[G]roup healthcare providers are entities composed of one or more individuals (members), generally created to provide coverage of patients’ needs in terms of office hours, professional backup and support, or range of services resulting in specific billing or payment arrangements.”

If multiple practitioners assign their benefits to an organization or share the same Federal Tax ID Number (EIN) for Billing and Tax/1099 purposes, then the organization is acting as a Group Practice with respect to Billing/Payment arrangements. Group Practices are considered a covered provider and are required to obtain a Type 2 Organization NPI under the NPI Final Rule.

DMAS is mandating that these providers enroll with Virginia Medicaid as a Group Practice. The group's Type 2 Organization NPI will be used to enroll the Group Practice. Each individual practitioner in the group will need a Type 1 Individual NPI. A Reassignment of Benefits Form will need to be completed for each practitioner in the group in order for DMAS to pay benefits to the group, as well as to affiliate the practitioner with the group.

Beginning with the NPI compliance date payers can no longer use their proprietary IDs which currently identify these types of billing and payment relationships. Because an individual provider can only have one NPI, yet they may potentially have their own practice as well as belong to one or more Group Practices, DMAS needs to enroll Group Practices in order to properly identify the correct billing relationship when processing claim submissions.

We are a Community Services Board. We have been told we do not need to get an API number for our agency, only an NPI which we do have. Could you please assure me again that API's are not necessary for Community Services Board's?

If your organization has any IDs that are considered to be Atypical/Non-Healthcare provider types, then DMAS will automatically assign APIs for these legacy Medicaid Provider ID Numbers. Letters informing providers of their API were sent in February, 2007.

However, if a provider has obtained an NPI because of other services they provide, then DMAS will allow the NPI to supersede the API for all services (except Treatment Foster Care and Family Caregiver Training). The API assignment letter included instructions on how to notify DMAS that you have an NPI that you wish to use in place of the API.

It appears that your organization has many different legacy Medicaid Provider IDs corresponding to many different locations that share the same Tax ID. One thing to keep in mind is that regardless of service location, DMAS will send all payments for an NPI to a single Provider Name, Payment Address, Remittance Address, EFT Account Number, and Federal EIN for Tax/1099 purposes. If you need payments to go to more than one place, then you will need to consider obtaining additional NPIs (or using the API assigned for that location if the only services it provides are considered to be non-healthcare services).

We are a home health agency who has already obtained our NPI numbers. We received the attestation letters for our Private Duty Nursing provider numbers. We would like to use the same numbers for our Personal Care and Respite provider numbers. Please advise us on how we would be able to or if we are able to use 1 NPI number for each sub unit.

In February 2007, DMAS assigned API numbers to replace all legacy Medicaid Provider IDs that provide atypical services. The letter(s) that we sent you in February contained instructions on how to notify DMAS if you intend to use an NPI in place of the API. DMAS will allow providers to use an NPI that they have obtained in place of an API.

An NPI may correspond to many different types of service and service locations. However, DMAS will only send payment for a single NPI (or API) to one Provider Name, one Payment Address, one Remittance Address, one EFT Account Number, one EIN/SSN for Tax/1099 purposes, and one Service Center/Receiver for outbound electronic transactions from Virginia Medicaid to the provider. If a provider would like to be paid differently, then they should consider their subpart needs with respect to obtaining an additional NPI or retaining DMAS-assigned APIs.

Since Physician Assistants are also required to get an NPI, will Virginia Medicaid be enrolling these providers and allowing practices to bill for the services they provide?

Because DMAS will pay Physician Assistants when billed secondary to Medicare, DMAS will enroll Physician Assistants as part of a group practice as a Medicare Crossover only provider. Services provided by Physician Assistants which are not crossing over from Medicare should continue to be billed by the physician.

Is it recommended for a Pharmacist to obtain an NPI number?

Pharmacists are eligible to obtain an individual NPI. However, in most cases it is the pharmacy that will be conducting the transactions. Therefore DMAS will only need to enroll the organization NPI for the Pharmacy. DMAS will not be enrolling the NPI for the individual Pharmacists.

I need to request a prior authorization for a physician in a group practice. Do I use the group's NPI or the physician's NPI when requesting the PA?

The Prior Authorization should be requested using the Rendering (servicing) Provider's NPI. Do not request the PA using the NPI for the Group Practice.

What do I do about a Prior Authorization (PA) opened under an existing API/NPI when I enroll with a new NPI?

If you have PAs opened under an existing API/NPI and you enroll a new NPI, you will need to contact the organization that you used to open the original PA and request that a new PA be opened under the new NPI.

This same process was in place prior to the NPI when a provider would enroll with an additional Medicaid Provider Identification Number (PIN). A request had to be made open to a new PA under the new PIN, and close the original PA under the old PIN, before the claim could be billed under the new PIN.